

Amendment No. 1 to SB0054

Johnson  
Signature of Sponsor

**AMEND Senate Bill No. 54**

**House Bill No. 18\***

by deleting subsection (b) in Section 1 and substituting the following:

(b) No health insurance entity shall impose on a covered person any copayment or coinsurance amount for services rendered during an office visit to a physician assistant licensed under title 63, chapter 19, and contracted or authorized as a primary care practitioner by that health insurance entity, that is greater than the copayment or coinsurance amount imposed on a covered person by that health insurance entity for the services rendered during an office visit to a physician licensed under title 63, chapter 6 or 9, and contracted or authorized by that health insurance entity as a primary care practitioner.

(c) Nothing in this section shall prevent a health insurance entity from instituting measures designed to maintain quality and to control costs, including, but not limited to, imposing lower copayment or coinsurance amounts for services rendered by providers with proven clinical outcomes.

(d) Nothing in this section shall apply to plans described in Section 1251 of the federal Patient Protection and Affordable Care Act and Section 2301 of the federal Health Care and Education Reconciliation Act.

**AND FURTHER AMEND** by adding the language “or renewed” in Section 2 between the language “entered into” and the word “on”.